

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/560165**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		2				
6		1				
7		2				
8		1				
9		2				
10		1				
11		2				
12		1				
13		2				
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26		1				
27			1			
28			1			
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43			1			
44			1			
45			1			
46			1			
47		1				
48			1			
49			1			
50			1			
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	3	←		←	
TOTAL CLAIMS		25				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						